

(Use several sheets if necessary)

ATTY. DOCKET NO.
34056-US-PCT
APPLICATION NO.
Not Yet Known
APPLICANT
LANG ET AL.
FILING DATE
Herewith

Group

IAP20 Rec'd PTO-1449 20 JAN 2006

U.S. PATENT DOCUMENTS

EXAMINER INITIAL	DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
AA						
AB						
AC						
AD						
AE						
AF						
AG						
AH						
AI						
AJ						
AK						
AL						

FOREIGN PATENT DOCUMENTS

	DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION YES	TRANSLATION NO
AM	2004/089874	10/21/04	WO			<input type="checkbox"/>	<input type="checkbox"/>
AN	2004/089876	10/21/04	WO			<input type="checkbox"/>	<input type="checkbox"/>
AO	03/093248	11/13/03	WO			<input type="checkbox"/>	<input type="checkbox"/>
AP	03/068747	8/21/03	WO			<input type="checkbox"/>	<input type="checkbox"/>
AQ	03/033482	4/24/03	WO			<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

AR	
AS	
AT	

EXAMINER

/Douglas Willis/

DATE CONSIDERED

02/22/2010

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

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50/565452

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EXAMINER INITIAL		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION YES	TRANSLATION NO
	BA	03/033483	4/24/03	WO			<input type="checkbox"/>	<input type="checkbox"/>
	BB	03/033457	4/24/03	WO			<input type="checkbox"/>	<input type="checkbox"/>
	BC	03/032986	4/24/03	WO			<input type="checkbox"/>	<input type="checkbox"/>
	BD	03/032980	4/24/03	WO			<input type="checkbox"/>	<input type="checkbox"/>
	BE	03/032972	4/24/03	WO			<input type="checkbox"/>	<input type="checkbox"/>
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	BG	03/032970	4/24/03	WO			<input type="checkbox"/>	<input type="checkbox"/>
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	BI						<input type="checkbox"/>	<input type="checkbox"/>
	BJ						<input type="checkbox"/>	<input type="checkbox"/>
	BK						<input type="checkbox"/>	<input type="checkbox"/>
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	BR						<input type="checkbox"/>	<input type="checkbox"/>
	BS						<input type="checkbox"/>	<input type="checkbox"/>
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	BU						<input type="checkbox"/>	<input type="checkbox"/>
	BV						<input type="checkbox"/>	<input type="checkbox"/>
	BW						<input type="checkbox"/>	<input type="checkbox"/>
	BX						<input type="checkbox"/>	<input type="checkbox"/>
	BY						<input type="checkbox"/>	<input type="checkbox"/>
	BZ						<input type="checkbox"/>	<input type="checkbox"/>

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